

In re application of: Smith and McAuley

Serial No.: 09/662,203

Filed: September 14, 2000

For: BREATHING ASSISTANCE APPARATUS

BOX: AMENDMENT
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450



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TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an Amendment for the above-identified application.

The filing fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra	Rate	Addit. Fee
TOTAL * 27	MINUS ** 30	0	x 9 =	\$.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				
INDEP. * 3	MINUS ** 3	0	x 42 =	\$.00
			+ 130 =	\$.00
			TOTAL ADDIT. FEE	\$.00
<u>OR</u>				
			Rate	Addit. Fee
			x 18 =	\$.00
			x 84 =	\$.00
			+ 260 =	\$.00
			<u>OR</u>	TOTAL \$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

A Petition for a Two-Month Extension of Time.

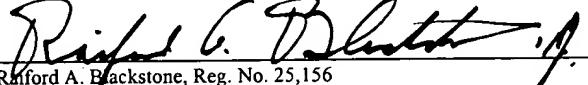
A check in the amount of \$420.00 to cover the extension fee.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.

Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17

Dated: December 12, 2003


 Ralford A. Blackstone, Reg. No. 25,156
 Linda L. Palomar, Reg. No. 37,903
 Attorney of Record